y delay is

FOR STATE HEALTH DEPT.

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had 2 with the State Department of TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 5 may be retained far your files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's

This certificate shauld be executed within 24 havrs after death. If

TO DEPUTY MESTAL EXAMINER:

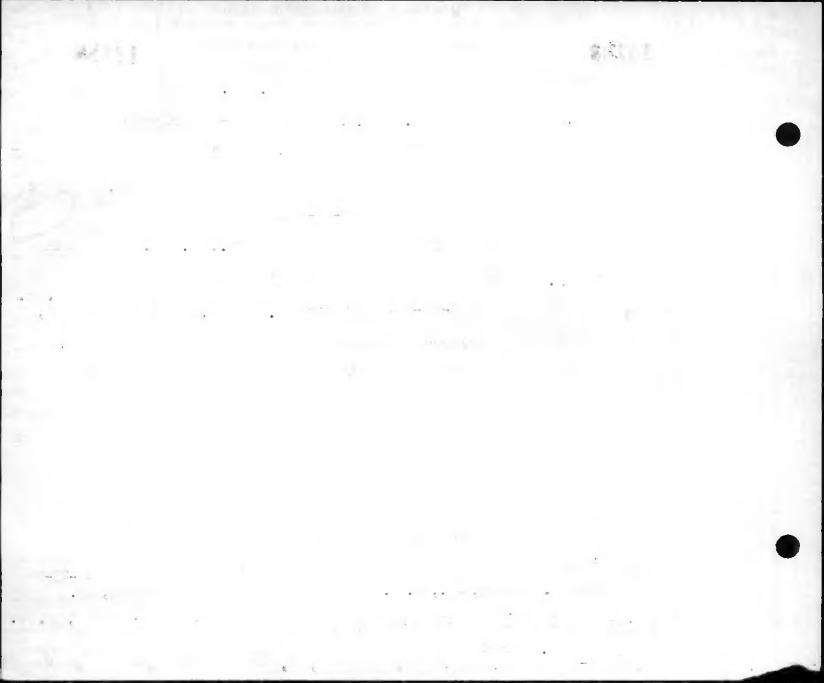
Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14188	3	MEDIC	AL EXAMI	NER'S	CERTIFICATE O	F DEATH	141	88	
	PLACE OF DEATH a. COUNTY	Garrett		MA	RYLAND	o STATE	Vhere deceased lived, if institution b. COUN			
	b. CITY OR TOWN write RURAL on	(If autside carporate limits, digive pearest town) Oakland		1 hr. 35		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ru ral - Charleston +3-3				
		TAL OR INSTITUTION (If not in County Memori				d. STREET ADDRESS Rout			e. IS RESIDENCE ON A FARM? YES NO 3	
	NAME OF DECEASED (Type or print)	First William	1	Middle homas		Last Akers	4 DATE Month OF DEATH October 2		Day Year 19 66	
	ale	Y 77 - 2 - 4 -	MARRIED X	NEVER MARRI	~~	B. DATE OF BIRTH 9-24-1917	9. AGE (In years last birthday) yrs.	Manths Manths		
		N (Give kind of work done life texamif retired Worke		of Business or	5	Raleigh	or foreign country) Co., W. Va.	12. CIT COI	UNTRY? USA	
13.	FATHER'S NAME Willi	am F. Akers	3			14. MOTHER'S MAIDEN N				
15. (Y	WAS DECEASED EV es, na. or unknawn) NO	ER IN U.S. ARMED FORCES? (If yes give war ar dates af sei	vice) 16. 500	11 SECURITY NO. -26-508	0	Iliam G. A	Akers, (Son)		W.Va. leston,	
		te cause (a),	Coron	, (b), and (c).) ary thro					INTERVAL BETWEEN ONSET AND DEATH HOURS Years	
ATION	No. of Contrast of	ignificant conditions conti				THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO	
L CERTIFICATION	20g. EXTERNAL C PRIMARY (1) or CC CAUSE OF DEATH.		20b. DESCI	RIBE HOW INJURY	OCCURRED.	(Enter nature of injury in I	Part I ar Part II of item IB.)			
MEDICAL	20c. TIME OF IN. Havr a. p.	URY Manth, Doy, Year m. 19	While at wark	RY OCCURRED Nat While of wark		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Car	inty) (State)	
	deoth resultsignature	Mot I took chorge of red from: Noturol of the control of the contr	ouses 🔀,	Accident [Suic	ide , Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	, Undetermined mo		22. DATE SIGNED 10-23-66	
	BURIAL, CREMATI	ON, 23b DATE THEREC	F. T	23c. NAME OF CE	METERY OR	crematory rial Park	23d. LOCATION (City or Tow South Cha	rles	ton, W.Va.	
	4. FUNERAL DIRECT		t	ADDRESS	Du			Clian	IGNATURE CINCAR	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14189 CERTIFICATE OF DEATH
14189

1. PLACE OF DEATH 2. COUNTY Garrett	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16	C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
write RURAL and give nearest town) Oakland 4 Days	Bittinger //-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC ON A FARM?
Garrett County Memorial Hospital	YES X NO
3. NAME OF First Middle DECEASED (Type or print) Clarence	Brenneman Day Year October 21 1966
	3. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR last birthday) Months Days Hours Min
Male White WIDOWED DIVORCED	2-8-82 8h yrs.
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED CARPENTER SELF-EMPLOYED	Bittinger, Maryland America 14. MOTHER'S MAIDEN NAME
Joel J. Brenneman	Katherine Bittinger
	INFORMANT
The state of the s	rank Breumennen Bettingle)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: FRE BROK VAS (CULAR ACCIDENT LOLUL
331X DUE TO A	
conditions, if any, which gave rise to immediate (b) ANANCED CENS	HAMAL HAZTEMU SCLEMBIS
cause (a), stating the DUE TO	
underlying cause last.) (c)	TO WAS AUTODO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTION	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While ractor	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from Oct	tober 20 19 66, toOctober 24 19 66, that (1)-fwe) las
saw the deceased alive on October 21 19 66, and that	death occurred at 1:35M, argm the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
W. J. Volumbarha M.D.	. PHYS. U DIRECTOR L PHYS. LI 10
22c. PHYSICIAN'S NAME (Type) Dr. E. I. Baumgartner	22d. ADDRESS Oakland, Maryland
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Bury 1/0/2/160 18/TT/NGER	BITTINGER GARRETT CO MO
24/ FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR /25b. REGISTRAR'S SIGNATURE
Long Misornan Frankerkle Md.	DATE OCT 3 1 1966 Janeer Judge

1814 the same of the sa The second limit The second secon and the second s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

delay is P.M.3. Page With the Stote Deportment of and 3 to within 72 hours after death.

pages

im pencil in Item 18. Give Poges 1,

This certificate should be executed within 24 hours ofter death. If

CAL EXAMINER:

TO DEPUTY ME

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form Health or its designated agent, prior to burial, cremation, or removal, and in any TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File 5 may be retoined for your files.

	14190	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14199
1.	o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	lived, if institution: Residence before odmission) b. COUNTY Garrett
	b. CITY OR TOWN (If outside corporate I write RURAL and give nearest town)	imits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	Deer Park	Lifetime	Deer Park	1/1
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \ NO _X
	NAME OF DECEASED MARTI			ctober 30, Day Year
	Male 6. COLOR OR RACE White	WIDOWED DIVORCED	Aug. 6, 1904 6	GE (In yeors of the property o
10 du	o, USUAL OCCUPATION (Give kind of work d ring most of working life, even if retired) Junk Deal er	one 10b. KIND OF BUSINESS OR INDUSTRY Junk	Deer Park, Mar	COUNTRY?
13	B. FATHER'S NAME	_	14. MOTHER'S MAIDEN NAME	
_	Samuel S. Bro		Anna M. Grimm	
15 (Y	(If yes give war or da NO	16. SOCIAL SECURITY NO. 17. 17. 18. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Nev. Browning	Address (Widow) Deer Park, Md.
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	couse per line for (a), (b), ond (c).) USE (o) Coronary thromb	osis	INTERVAL BETWEEN SOURCE AND DEATH
	Conditions, if any, which gove	(b) Arteriosclerosi	s, generalized	Years
	rise to immediate cause (a), stating the underlying cause last.	DUE ΤΟ (ε)		
ATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II	of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeo	or 20d. INJURY OCCURRED 20e, PLA While Not While for of work	ICE OF INJURY (Home, form, lory, street, office bldg., etc.)	ity or town) (County) (Stote)
		arge of the remoins described above, he tural causes 🔁 , Accident 🔲 , Sui		M, Inquiry M, ond in my opinion atermined manner ☐
	ACTUAL SIGNATURE	Die A-s	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	70.21.66
(EXAMINER'S James H	. Feaster, Jr., M	D. DEPUTY MEDICAL EXAMINER 18 Address (Street, city, town, or	county) Oakland, Md.
23	BURIAL (REMATION, 23b DATE REMOVAL (Specify)	THEREOF 23c. NAME OF CEMETERY OR 2/66 Rear Park		ION (City or Town) (County) (State) r Park, Maryland
	4. FUNERAL DIRECTOR John (Durst Appress 0	250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
	Leighton-Durst	Funeral Home, Oakla	nd, Md DATE NUV 2	1966 Polianta O

VR A15ME (5)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after theath. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14191

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
GARRETT MARYLAND	a. STATE b. COUNTY GARRETT
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
OAKLAND l Day 21 Hrs.	SHAILMAR //-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
	ON A FARM?
GARRETT COUNTY MEMORIAL HOSPITAL	YES NO Z
3. NAME DF First Middle DEGEASED	Last 4. DATE Month Day Year OF
(Type or print) DOLLY MAE:	COMM DEATH October 12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	3/12/1900 66 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Housewife Home	Kitzmiller, Garrett, Md. U.S.A.
AW TOTTLE O HORSE	
Forrest Bernard	Mary Jane Tasker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	Address
	va Stonebraker
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	exceller Thrombonic ONSET AND DEATH
IMMEDIATE CAUSE (a).	crawa promover pary
4221 DUE-78 4 9/	1 wash
Conditions, if any, which gave rise to immediate (b)	Mucek
cause (a), stating the DUE TO	1 f. 0 1. V 1 a . unknown
underlying cause last. (c) Thereone	Cerolic Cardio assular Deserve
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO THE
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	y, street, office bidg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	25 9 1966, toOctober 12 19 66, that (1) (we) last
saw the deceased alive on Octobion 70, 19 66, and that	death occurred at 7:304. From the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Harbust the feighton M.D.	ATTENDING THE DIRECTOR THE PHYS. 12 Oct 66
22c/ PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. H. H. Leighton	Oaklard, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	11 - 1 - 1111
Busia 10-18-66 Me/Ken Hil	CENCERY 2/2 FAI DEN DECISTRATION
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Cobert Kyle Orella As. Kitzmiller,	md. DATE DCT 17 1986 July

The transport of the contract of the contract

FOR STATE HEALTH DEPT.

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er's Office alang with farm PM3. Page

peacil in Item 18. Give Pages 1, 2, and 3 to

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necessory, please execute the certificate, writing the ward "pending" in the funeral director. Page 4 shauld be farwarded to the Chief Medical.

TO DEPUTY ME

CAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

1	14193	on of SIATISTICAL		L EXAMIN					14	 192		
	ACE OF DEATH COUNTY Garn	o++		MARYL		STATE	(Where deceose	b. COU	INTY	rret		n)
b.	CITY OR TOWN (If outside	de corporote limits,	C. L	ENGTH OF STAY IN		ITY OR TOWN (If a						
	write RURAL and give r	neorest town)	1,0	minutes		0.1.7	3			97	- 1	
d	NAME OF HOSPITAL OR	INSTITUTION (If not in E				TREET ADDRESS	<u> </u>		-	l e	IS RESID	ENCE
· ·		County Me			1	404 S.	8th St	•			ON A FA	ARM?
DI	AME OF ECEASED ype or print) Char	rles	Woodro	Middle	Davy	Lost	4. DATE OF DEATH	Octobe		Doy 20	Yeo	66
S. SE			MARRIED T	NEVER MARRIED		TE OF BIRTH		AGE (In years	IF UNDER		IF UNDER	
	Male W	hite W	IDOWED	DIVORCED	Doct.	30. 191	.2	lost birthdoy)	Months	Doys	Hours	Min.
during	ISUAL OCCUPATION (Give I most of working life, eve	en if retired)	INDUSTR	BUSINESS OR	11	BIRTHPLACE (Stote	e or foreign co		(0	USA	WHAT	
	Pipe Fitt	er	Plum	bing	HE	moshir	e Co.,	W. Va		USA		-
10. 1	Charles	A Devr			14.	Rosa :		ars				
15. 1	WAS DECEASED EVER IN U.S	ARMED FORCES?	16. SOCIAL	L SECURITY NO.	17. INFOR		W 6 1071C	Addr	955			
	no, or unknown) (If yes	give war or dates of serv	705-	-05-932	7 Mrg	Viola	Davr	see #	2 ah	OTE		
	18. CAUSE OF DEATH (E	nter only one couse per	r line for (o), (l	b), ond (c).)				000 11			VAL BET	
	4201	MMEDIATE CAUSE (0) DUE TO	oronar	y thromb	osis,	acute				our	S	
	Conditions, if ony, which											
	ise to immediate cous stating the underlying											
- 1	ost.	(c)										
Allun.	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEA	ATH BUT NOT RELA	TED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN	IN PART I(o)			VAS AUTO ERFORME	
2	200. EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBU CAUSE OF DEATH.		20b. DESCRIBE	E HOW INJURY OCC	(URRED, (Enter	noture of injury in	Port I or Port	II of item 1B.)				
MEDICA	20c. TIME OF INJURY MO Hour o.m.	onth, Doy, Yeor 19	20d. INJURY While of work	OCCURRED Not While of work		INJURY (Home, for eet, office bldg., etc		(City or town)	(Cor	inty)	(5	Stote)
	death resulted fro	t taak charge af am: Natural ca		Accident,	ave held ar Suicide [e 🔲, Un	in , Inq idetermined m	uiry 🔼, nanner 📗]	in my (
	ACTUAL SIGNATURE LOCK	- W.C	Lent	1	CE- M.	ASSISTANT ME	DICAL EXAMINE	R 🔲			. DATE	
	EXAMINER'S NAME (Jype) James	H. Feaste	er. Jr.	. M. D.		DEPUTY MEDI	CAL EXAMINER et, city, town, o		kland		-20-	-66
	BURIAL, CREMATION,	23b. DATE THEREOF		c. NAME OF CEMET	FRY OR CREMA			ATION (City or To		(County)		tote)
	REMOVAL (Specify)	10/22/66	1	Oakland				kland		Ma ry		5.07
24.	FUNERAL DIRECTOR	20122100	1	ADDRESS	2011000		D BY REGISTRA		EGISTRAR'S S			

Oakland, Maryland

DATE

1966

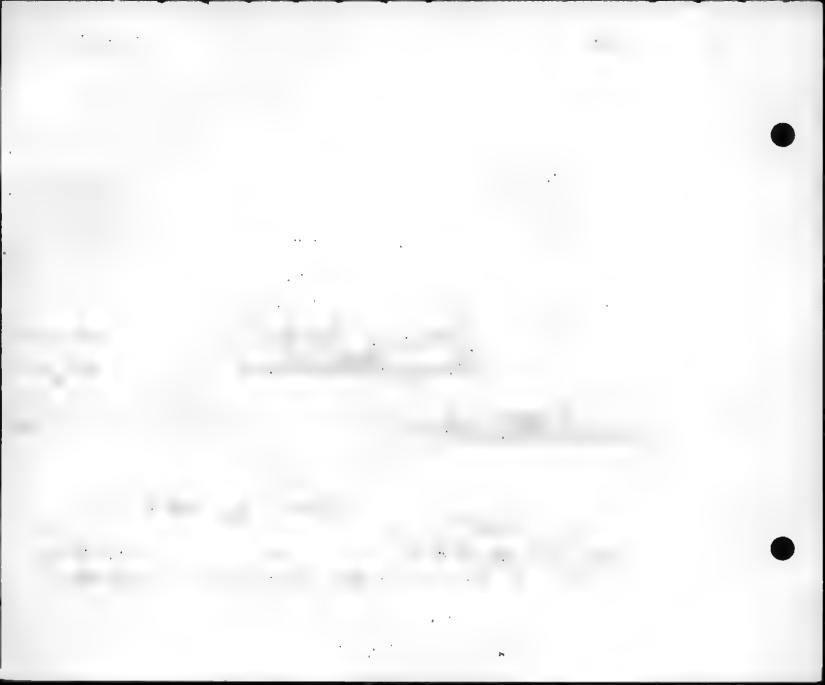
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1. 12 CERTIFICATE, OF DEATH
14193

			1 1 1 1 1 1 1 1 1 1 1 1	10/60/11/0			
1. PLACE DF I	EATH				ENCE (Where decease		on: Residence before admission)
a. COUNTY	Garrett		MARYLAND	a. STATE	Md.	b. COUNTY	Garrett
b. CITY OR	TOWN (if outside corpor JRAL and give nearest to	ate limits,	C. LENGTH OF STAY IN 1			ite limits, write Ri	URAL and give nearest town)
		wn)					11.1
d. NAME O	ntsville HOSPITALOR INSTITUT	ON (if not in ho	spital, give street addre	Grants	VIIIE FSS		e, IS RESIDENCE
	Star Route (1			or other Abbit			ON A FARM?
							YES NO
3. NAME DF DECEASED		First	Middle	Last	4. DATE DF	Month	Day Year
(Type or p		aret L			DEATH	Oct.	, 19
5. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AG	iE (In years IFUN st birthday) Moni	IDER 1 YEAR IF UNDER 24 HRS.
H,	w	WIDOWED [DIVORCED [Jan. 28,1	313 11	yrs.	
10a, USUAL OCC	UPATION (Give kind of wor working life, even if retir	kdone 10b. Kl	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE	(County & State, or i	fereign country) 1	2. CITIZEN OF WHAT COUNTRY?
House	A #1	Own	* *	Bromes	rove, Eng	land	XXXXXXX USA
13. FATHER'S	NAME	1 0111		14. MOTHER'S N	MAIDEN NAME		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
P	enjamin Li	ILab		Emil T	Collins		
15. WAS DECE	SED EVER IN U.S. ARMED F	ORCES? 16. 5	OCIAL SECURITY NO.] 1	7. INFORMANT	OOTITIES	Address	
	wn) (If yes give war or dates				Conlite	Canand	arrill a Irid
no	DE BELEVI FESTOR SON -			rs. Grave	Gartres	, Grant	SVILLO, M.d.
	DF DEATH [Enter only on the control of the control		ror (a), (b), and (c).	B. 1			ONSET AND DEATH
	IMMEDIATE CAUS		simony	Occur	un		Simucare
*/		E TO	10	1.			sw. Gas
	If any, which to immediate	(b)	anay / UL	muncer	SU		gov. gras
	, stating the DU	E TO	/ '				
	cause last.	(c)					The state of the s
PARTII. OT 202- ACCIII OR CONTR	HER SIGNIFICANT CONDIT	DNS CONTRIBUT	TING TO DEATH BUT NOT R	ELATED TO THE TERMIN	IAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
19 (- 1/A	wal ark	MIDCH	May				YES NO NO
20a. ACCII	ENT WAS UNDERLYING T BUTING CAUSE OF DE NOTIFY MEDICAL EXAM	1 20b. D	ESCRIBE HOW INJURY O	COURRED. (Enter natur	e of Injury in Part	or Part II of Iter	n 18.)
G (IF EITHER	, NOTIFY MEDICAL EXAM	INER)					
중 20c. TIMI	OF INJURY Month, Day	, Year 20d. IN	JURY OCCURRED 20e.	LAGE OF INJURY (Hom	e, farm, 20f. (Cit	y or town)	(County) (State)
ZOC. TIMI	a.m, p.m. 19	While at work	I NOT WITHE I	ctory, street, office bld	g., etc./		
				Dilet	1962 to C	10/6	Sec. that (I) (we) last
	ertify that (I) (this how e deceased alive on	Spital attende	2 4 10 /a/ and 4	hat death popured			on the date stated above.
22a, SIG		111111	19	nat death becutted	GLEEN CYLIN, ILOUR		D. DATE SIGNED
	1000	her he	lil.	ATTENDING	MED. DIRECTOR	STAFF PHYS.	15/1
22c, PHY	SICIAN'S	Dona		M.D. PHYS.	DIRECTOR L	AA	10/040
	E (Type) A UL (, KEI	RKEBILE N		MAINST	MEYE	RSOALG, TA.
23a. BURIAL.	REMATION, 23b. DATE		23c. NAME OF CEMET			ION (City, town o	or county) (State)-
REMOVA	. (Specify)						fa.
24. FUNERAL		/00	St. Paul C	hurch Cem	REC'D BY REGISTR		le, Somerset,
7	5 W						conley Judge
Juth	o. /leum	en	Grantsvil	⊥⊖ , 101 • DATE	UUI	JOO A	The state of the s

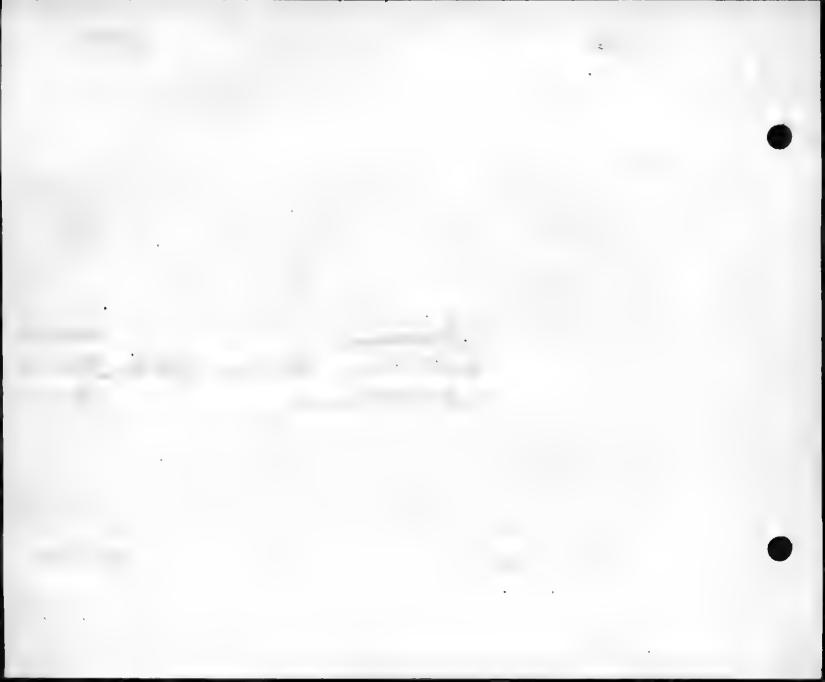
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ours after death, lease remove carbon papers. Pages I completely filled in requires that the duath certificate he exemited within and attending physician a ermit. Then, pease re The Transport of Tat the Transport of Transp be retained by the hospital

been signed by the attenthe burial-transit permit. as the prior to TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior Page 4 may

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Garrett Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Oakland Days Accident d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Garrett County Memorial Hospital YES X Rt. 2 NO 3. NAME OF First Middle Last DATE Year DECEASED OF DEATH (Type or print) Elnora Glover 19 66 October AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED IX NEVER MARRIED last birthday) Months I Days Hours 9-15-90 76 White Female 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Kevser Ridege. Md. America Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Kelso Elizabeth Platter 15, WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) I (If yes nive war or dates of service) Clyde Glover, Accident, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES No I 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from OCTOBER 21, 19 66, toOCTOBER 25, 19 66, that (I) (we) last saw the deceased alive on October 25 19 66 and that death occurred aB:210 MA Riom the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. 22d. ADDRESS PHYS OTAN'S NAME (Type) Oakland. Dr. A. E. Mance 23a. BURIAL, CREMATION.I 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. DATE THEREOF (State) REMOVAL (Specify) Addison, Somerset, Addison, Pa. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Grantsville, Md.



rage 4 may be retained by the nospital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the precipal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I am 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING MYSICIAN: The law requires that the particate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14195

1.	a. COUNTY GARRET	\mathbf{T}°	MADAM A	115	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a STATE VIRGILLIA D. COUNTY PRESTOLU				
	h OTTY OF TOW	N1 /45	mits. c. LENGTH OF STAY		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
	OAKLAND	and give nearest town)	4 days		EGLOW 85-3				
			f not in hospital, give street add	rece)	11				
1		ounty Memoria	· -	1000/			ON A FARM?		
-					Box 258		YES NO		
3.	NAME OF DECEASED (Type or print)	First JAMES	Middle NELSON		Last HARSH	4. DATE Month OF DEATH Octobe	r L 1966		
5.	SEX	6. COLOR OR RACE 17.	MARRIED NEVER MARRIED		B. DATE OF BIRTH				
	M	Www	VIDOWED TO DIVORCED		4-12-82	9. AGE (In years IF last birthday) M 84 yrs.			
10a	a. USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
ŀ	letired F	armer	Farm		PRESTON,	WEST VIRGINIA	U.S.A.		
13.	. FATHER'S NAM	Ē			14. MOTHER'S MAID	EN NAME			
	LLOYD HA	RSH			MARY COM	NA PAGE			
15	. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	17.	INFORMANT	Address			
("	NO	(11 Jez Alae war na garez or zea	232-10-3660	Mrs	. Melvin R.	Harsh - Daught	er in Law		
		DEATH [Enter only one ca	use per the for (a), (b), and (c),				INTERVAL RETWEEN		
	PART I, DE	ATH WAS CAUSED BY:	Wrenn	-			ONSET AND OEATH		
		IMMEDIATE CAUSE (a)_	work	a	1	0	7-10-1-		
	Conditions, If any, which \ DUE TO CHA DULE I Intelled The Character						ma		
	gave rise to immediate					Hones			
	cause (a), st underlying caus	a last		" /	/				
5			CONTRIBUTING TO DEATH BUT NO	TRELA	TED TOTHE TERMINAL D	ISFASE CONDITION GIVEN IN PA	RT1(a) 119. WAS AUTOPSY		
AT.				11(6.2)			PERFORMED?		
IFIG	20a ACCIDENT	WAS UNDERLYING	1 20h DESCRIPE HOW INITION	neell	DDED (Enter nature of	Injury in Part 1 or Part II of I			
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEATH		0000	ARED. (Eliter ligitals of	injusty in rast a or rast it or i	10111 20.7		
		NJURY Month, Day, Year		a DI fu	OF OF IMILIOV/Home do	rm. 20f. (City or town)	(County) (State)		
MEDICAL	Hour a.n		While - Not While -	facto	ry, street, office bldg., e	tc.)	(Gounty) (State)		
E.	р.п	n. 19	at work at work						
	21. I certif	y that (I) (this hospital) attended the deceased fro	m/	10/1 19	966, to Oct. 4	, 19_66., that (I) (we) last		
		ceased alive on Oct	19.66 and	d that	death occurred		d on the date stated above.		
	22a. SIGNATURE					MED STAFF	22b. DATE SIGNED		
		/ Mai	ell	. PHYS.	DIRECTOR PHYS.	1 all en			
	22c. PHYSICIA NAME (Ty	rpe)			22d. ADDRESS	34 9 - 3			
_	<u> </u>	A. E. MAN			Oakland,				
238	 BURIAL, CREM REMOVAL (Spe 	ATION, 23b. DATE THER	REOF 23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOCATION (City, town	n or county) (State)		
	Burial	10/7/186	6 Eglon Con	nete	ry	Eglon West	Virginia ISTRAR'S SIGNATURE		
24	FUNERAL DIRE	CIUR / F/	ADDRESS		7 7/ 25a. REC	JU BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE		
_(Sixle.	4 S. Iter	KLE Made	20	OCC DATE O	OT 1 0 1996 70	harle O. so		
g vancour	1						and a		

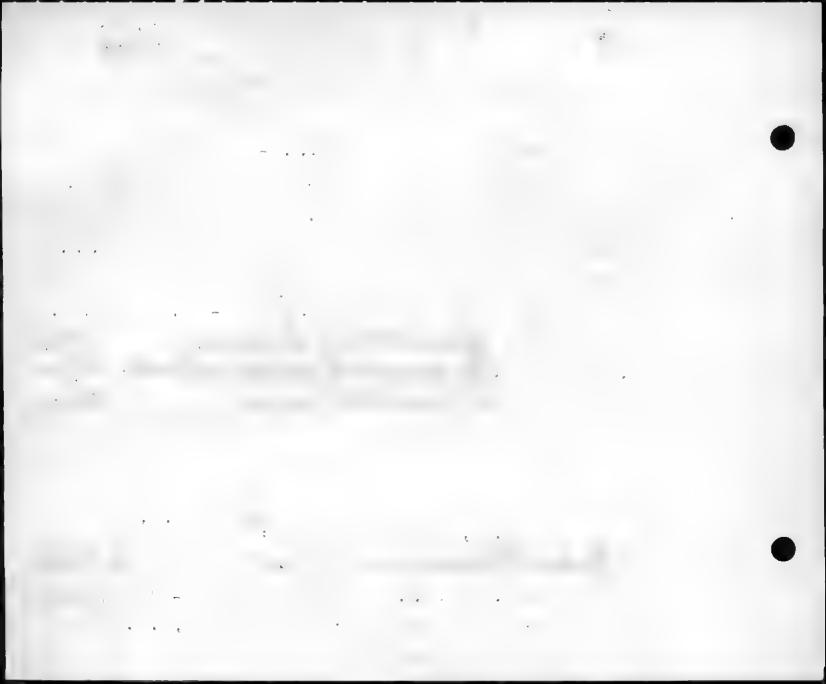


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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVIŞIQN CERTIFICATE OF DEATH

1. PLACE OF BEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
GARRETT MARYLAND	MARYLAND GARRETT
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporete limits, write RURAL and give nearest town)
OAKLAND 25 da vs	OAKLAND
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
GARRETT COUNTY MEMORIAL HOSPITAL	P.O BOX # 223 YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) NORA ELLEN	HENLINE DEATH OCTOBER 15. 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months i Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	FEB 11.1889 77 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY HOUSEWIFE	WEST VIRGINIA U.S.A.
13. FATHER'S NAME	WEST VIRGINIA U.S.A.
DANTEI GATHOIBI	TATES TATES
DANIEL CALHOUN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANI (TO TOU TALLY) Address
(Yes, no, or unknown) (If yes give war or dates of service)	(Della-Then)
	LEN M. HENLINE - MT. LAKE PARK, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	a-denuval Among
DUE TO	1. but at Anily Sh
Conditions, if eny, which gave rise to immediate (b)	my fedicing V Jacob 2 132
cause (a), stating the DUE TO	Obs - Inch
underlying cause last. (c) (c)	allas logn
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIB	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
191	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	if, sirear, united bidg., etc.)
21. certify that (I) (this hospital) attended the deceased from	150, to OCT-15, 1966, that (I) (we) last
saw the deceased alive on OCT 15 1966 and that	death occurred #:25 PM, from the causes and on the date stated above.
22a. SIGNATURE	22b, DATE SIGNED
Muduel Villence _ M.E	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI 16 CC/166
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) ANDREW E. MANCE. M.D.	THIRD STREET CAKLAND _ MARYLAND
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME DE CEMETER)	
Burial 10/18/1966 Eglon Cemet	ery Eglon, W. Va.
24. FUNERAL PIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Visitoria & St. Walland To	DATE OCT 20 1966 Milarles Judge
Town of the Name of	THE OUT NO INOU



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14197

14 44 24 27			1 1 1 1 1 1
PLACE OF DEATH Garrett	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. o. STATE b.	f institution Residence before odmission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give near the RURAL an	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Wook B Nursi	street address) ing Home	d. STREET ADDRESS Maryland Ave.	e. IS RESIDENCE ON A FARM? YES NO
I. NAME OF DECEASED (Type or print)	Middle	AUDONLOST 4. DATE OF DEATH	Month Day Year 1966
Wamale White	MARRIED NEVER MARRIED DIVORCED DIVORCED	March. 13, 1884	In years IF UNDER 1 YEAR IF UNDER 24 HR thday) yrs. Months Doys Hours Min.
00. LSUAL OCCUPATION (Give kind of work don during most of yorking life, even if retired)	ONN Home	JSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Oliver Kight		14. MOTHER'S MAIDEN NAME Elmira Barricks	
5. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no. or unknown) [15] yes, give wor or dates of service [16]		Mrs. Melvin Moorehead	1375 Cornell St. Reyser, W.Va.
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).	landum)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	Composier la	redane	mas
gave rise to immediate cause (a), stating the under- lying couse lost (c)	<u>Inhonoulous</u>	he OV Donase	years.
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part t or Part II of ite	m 1B)
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED 20e P While Not while of work of work	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.)	(County) (Stot
21. I certify that (I) (this haspital) as saw the deceased alive an	1//	death accurred at OpM, from the ca	
220 SIGNATURE SAMANTA	m.	M.D. ATTENDING MED. STAFF	22b. DATE SIGNE
22c PHYSICIAN'S B. L. CINON	EM.D.	Cakland, M.	NJ.
BREMAN (Specify) 23b. DATE THEREOF Oct. 9, 196	23c NAME OF CEMETERY Philos Com.	OR CREMATORY 23d LOCATION (CH	y, town, or county) (State)
24 FUNERAL DIRECTOR'S SIGNATURE	Westernport, M	date OLI 1 0 196	sb. REGISTAAP'S SIGNATURE



1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

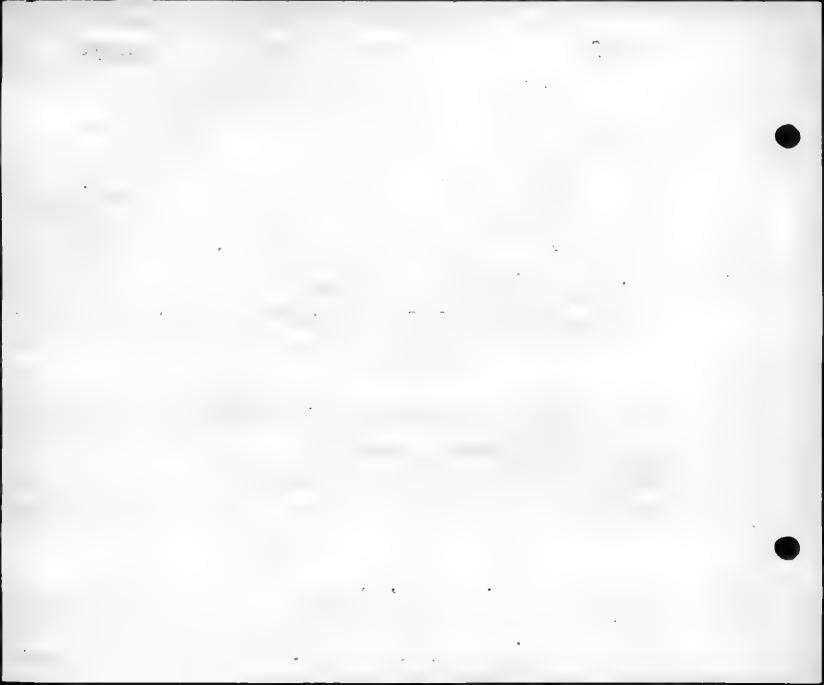
Л	SITISION OF STREET		II. I RESTON STREET, DALITHORE, MP	WILMID ZIZOI				
	1778	CERTIFICATE		14198				
1	1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived, if in					
1	o. COUNTY Garrett	MARYLAND	o STATE Maryland b	COUNTY Garrett				
	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, writ	e RURAL and give nearest town)				
	write RURAL and give nearest tawn)							
	Rural - Oakland	46 yrs	Rural - Oaklan					
	d NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?				
-	Route #1		Route #1,	YES NO S				
	3 NAME OF First	Middle	Lost 4, DATE	Month Doy Year				
	(Type or print) RUSCILL	HARLAND	LEIGHTUN DEATH Octo	ber 211. 19 66				
1			DATE OF RIPTH 9 AGE (n ver	I IF UNDER 1 YEAR IF UNDER 24 HRS				
	Male White		June 23, 1900 65 birthdo	y) Months Doys Hours Min				
	100 JSUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State or foreign country)	12. CITIZEN OF WHAT				
	during most of working life even if retired)	Autogarage	Garrett Co., Mar	vland COUNTRY USA				
	13 FATHER S NAME		14. MOTHER'S MAIDEN NAME					
	R. Oliver Leight	ion	Laura Sines					
	IS. WAS DECEASED EVER IN J.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 II	NFORMANT	Address (Widow)				
ı	(Yes, no, or unknown) (If yes give wor or dotes of servi	10 212-32-8260 P	rs. Laura Leighton	. Rt 1. Odcland .N				
1	18 CAUSE OF DEATH (Enter only one couse per		2	INTERVAL BETWEEN				
1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	Acate Pri	Imonam Edema	ONSET AND DEATH				
	DUE TO	1 1- 1-	1.01 1 1 2					
	(conditions, if ony, which gove) (b) Hente Missocan buil pasaret 30 minutes							
	rise to immediate couse (a). Stating the underlying couse DUE TO	n l /h	0-11/1/	10. 111				
1	lost (c)	Artiriozcles	otic Cardio Vascula	Ducase Unknown				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AJTOPSY PERFORMED?				
	200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m.			YES NO [2]				
	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in Port I or Port II of item 1:	8.)				
J	OR CONTRIBUTING CAUSE OF DEATH			,				
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f (City or tow	m) (County) (Stote)				
	Hour o.m.	While Not While focto	ory, street, office bldg., etc.)	(200.0)				
	p.m. 17	ot work 🔲 at wark 🔲	0	34 10/2 11/11				
	21. I certify that (I) (this haspital		June 1939 to Oct	24, 1966, that (I) (we) last				
	saw the deceased alive an	19 60, and the	death accurred at Zill M, from cau					
	220. SIGNATURE	Leighton MI	D. ATTENDING MED. STAFF	22b. DATE SIGNED				
	22. DIACTION'S	Jedjio Co.	D. PHYS. DE DIRECTOR L. PHYS. 22d ADDRESS	- No Vel Ve				
	22c PHYSICIAN'S Herbert H.	Leighton, M.D.		and				
1	230 BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR O	CREMATORY 23d LOCATION (City	or Town) (County) (Stote)				
`	REMOVAL (Specify) 10/26/66	Oakland Cer		d, Maryland				
				b REGISTRAR'S SIGNATURE				
		eral More Carlar	1d Md DATE OCT 28 1966					
-1	Lei, hton-Durst Fund	eral Hone Oaklar	TO TATO THE TABLE IN A TODO	the state of the s				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending province, and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then phease remove carban papers. Pages 1 and 2 should be filled with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

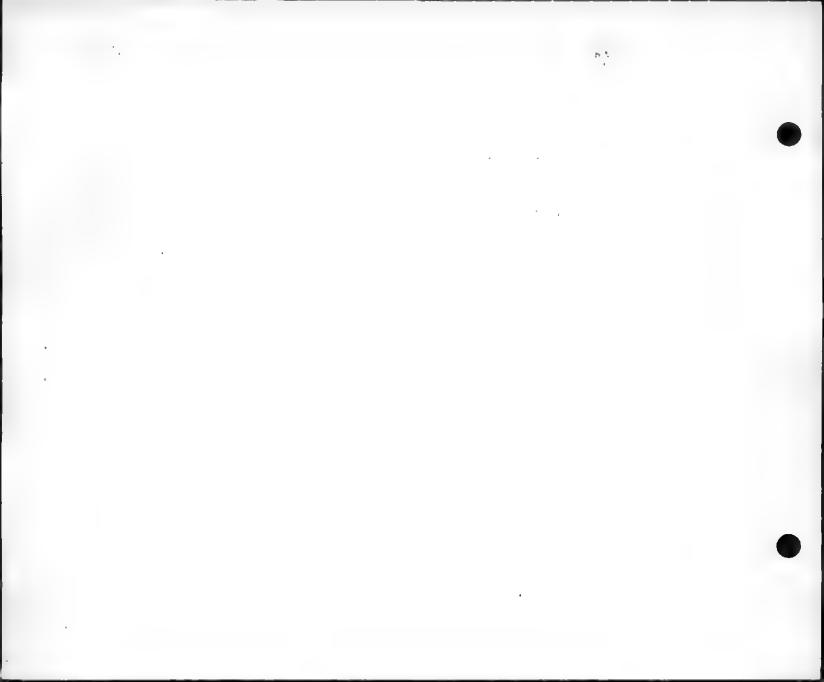
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١.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENC	GE (Where de			before admi	ission)
	Garrett MARYLAND	a. STATE	1d.	b. COUNT	Garr	ett	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If	outside co	rporate limits, write	RURAL and gly	re nearest t	town)
	Grantsville (Rural) Life	Grantsvi	ille	(Rural)			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		(Letter Darley	•	. IS RESID	
						ON A FAR	o []
3	NAME OF First Middle	Last	4. DATE	Month	Day	Year	<u> </u>
	DECEASED	wast	OF DEAT		Uay		~
5.	deolige oddo Leli bacii	8. DATE OF BIRTH	19		LINDER LYEAR	19 TEUNDER 24	4 HRS
					onths Days		Min.
ıΩa	T WIDOWED DIVORCED CONTROL OF BUSINESS OR	/1/1895	numbu S. Olafe	yrs.	12. CITIZEN	DE WHAT	
ur	ing most of working life, even if retired) INDUSTRY			e, or foreign country)	COUNTRY	?	
	Farmer Own Farm	Frostburg		•	USA		
13.	FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME				
	John Merrbach	Annie I	Bower	S			
15 Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT		Address		1.	d.
	√o 217-09-9016 S	· Prancis	Lerr	bach.R.	Granu	3vil	le.
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		,		INTE	RVAL BETW	EEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CATCOLIC MY OCCUPANT	La Tools Rheines	atio.	i. ENGIN	UNS	ET AND DE	AIH
1	THIRDING CONST. (a)	1,100	Latter.	u origin	1	1- year	1/
	Conditions, If any, which) DUE TO AV tovio Scleve	tic heart	della	n / s		′ ′	
ı	gave rise to immediate	1 20 1/40	1	7 5			
1	cause (a), stating the DUE TO	ours relaxation	dear	autive del	POID		
٤	underlying cause last.) (c) 9 FULL 172 d QV PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	THE THE	0,0929	UNITION CIVEN IN DA	RT 1(a) 119.	WAS AUTO	PSY
ξl		(IED TO THE TERRITARE	NIGENGE GOV	IDITION GIVEN INTE		PERFORME	ED?
2	1 al voler Insufficecy	ton 500 AC-1	f. l., h., t.,		YE	S NO	0 2
5	2Da. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRKED. (Enter nature of	r injury in P	art i or Part II or	item 18.)		
5							
3	tacto	CE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f.	(City or town)	(County)	(Sta	te)
2	p.m. 19 at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. I certify that (i) (this hospital) attended the deceased from	-76 1	9.65 to	10-3	. 1966 th	at (I) (we)	last
-1	saw the deceased alive on 10-3 1966 and that	t death occurred at					
	22a. SIGNATURE				22b. DATE SIG	NED	
	Grand alluell of	PHYS.	MED. DIRECTOR	STAFF PHYS.	10-8-	66	
	22c, PHYSICIAN'S	22d. ADDRESS	-	, ,	(,	
	NAME (Type) Ovant 7 TWELL	()	16 70	ors Wale	7 14		-
3a		OR CREMATORY	23d. L	OCATION (City, tow	n or county)	(State	e), }
	Burial 10/9/66 Herrbach Co	eme t ery	R.D.	Grantsvi	110.65	rre d	77
24.	FUNERAL DIRECTOR ADDRESS	1 25a. RE			ISTRAR'S SIGN		- 3
K	Just & Number Grantsvill	a, Md. DATE O	CT 1	1 1966 0	2/ conto	Quesa	0,
		I UNIT		L LUIVY /h	7 (100)	The state of the s	

VR A15 (4) 2DM 1/65

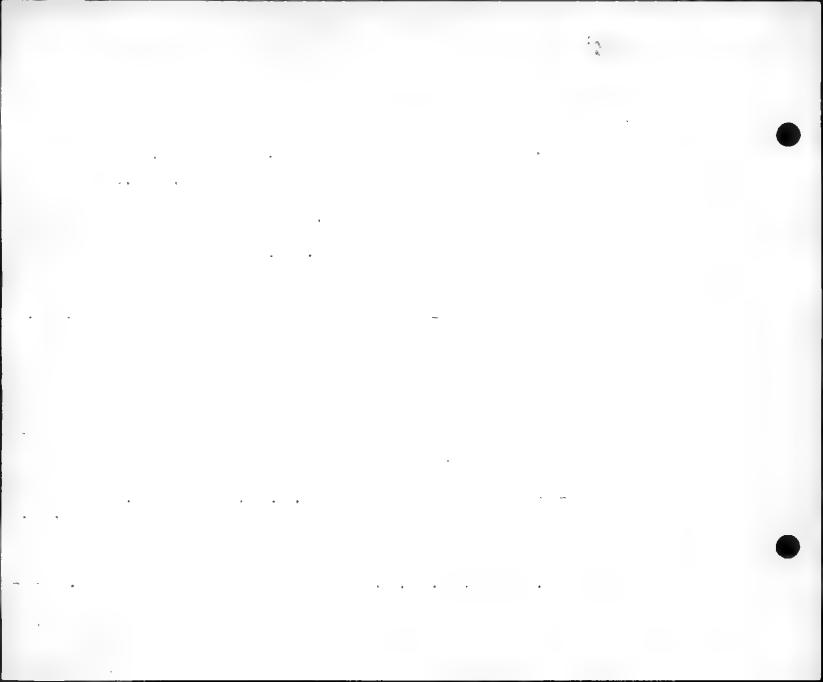
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH b. COUNTYAllegany a. COUNTY a. STATE Garrett MARYLAND Department after death. the funeral 5 may be cessary, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL end give nearest town)
rural Barton Barton Min-6. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? any delay I. 2, and 3 to the Dage Railroad State hours YES 🗍 NO A Year DATE Month Last Middie NAME OF DECEASED DEATH MUT. 12) 19 hh (Type or print) and 2 with AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 6. CDLOR DR 24 hours after death. If in Item 18. Give Pages 1, Office along with form 7. MARRIED **NEVER MARRIED** last birthday) Months | Days Hours Min. Male White Feb. 22, 1923 DIVDROED A WIDDWED YFS. 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT 10e. USUAL DCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR during most of working life, even if retired) Barton, Md. ges] 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME in Item 18. s Office afor Pag in Mary Brown Samuel Neat File 17. INFORMANT Address 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yas give war dates of service) 214-16-2770 permit. I removal, RoseMary Neat-Barton. Md. EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Intracranial Hemorrhage, Maceration of Brain PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (8) cremation, DUE TO Gunshot of Head Minutes Conditions, If any, which (b) geve rise to immediate DUE TD (Self Inflicted) cause (e), stating the 60 used as a to burial, underlying cause lest. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? YES A NO F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS ild be PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should (State) 120e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED MEDICAL 20c. TIME OF INJURY Month, Day, Year I factory, street, office bldg., etc.) Hour a.m. While - Not While at work CTOR: Page designated at work !...... Inquiry X. and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . files. Undetermined manner FUNERAL DIRECTOR: f Health or its design Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER Page 4 : for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ease execute SIGNATURE DEPUTY MEDICAL EXAMINER Baumgartner, director. retained 1 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREDF BURIAL, CREMATION, 0.0 (Specify) 10/15/66 Mt View Moscow Mills MdREC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR 24. Westernport, VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before agmission) o COUNTY Manylar 3 Garrett P.M3. Page 70 Garrett 2, and 3 ta MARYLAND delay with the State Department within 72 hours after deat b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 CEITY OR TOWN (1 outside corporate amits, write RURAL and give negrest tawn) write RURAL and give nearest town) D.C.A. Caliland Cakland d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS Elem in Item 18. Give Pages 1, 99 Garrett Co. Mem. Hospital Rt. YES NO 🔀 This certificate should be executed within 24 hours after death Office alang with 3 NAME OF Lost DATE Month DECEASED OF DEATH Oliver Bliss October Reams 1966 (Type or print) B. DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE У 7 MARRIED NEVER MARRIED lost birthdoy) Caucasian Male WIDOWED D VORCED Oct. 9. gud 10o USUA, OCC. PATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working fe, even if retired) INDUSTRY Swallow Lalle e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's lar enter Blds. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Reams Phila Lewis 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) removal, 220-16-5665 Mrs. Coma 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute Peripheral Vascular Collapse Б IMMEDIATE CAUSE (o). cremation, DHE TO Conditions, fony, which gave Acute Myocardial Infarct (b) rise to immediate couse (a). DUE TO stoting the underlying couse D burial, Arteriosclerotic Cardio-Vascular Disease Unknown usmd (WAS ALTOPSY PERFORMED? PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, NO K prior to shauld be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem IB.) 3 shauld PRIMARY I or CONTRIBUTING I DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH designated agent, 20c TIME OF INJURY Month, Doy, Year 20d INJJRY OCCURRED 20e PLACE OF INJURY (Home form. 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg. etc 1 may be retained far your FUHERAL DIRECTOR: Page Page ot work of work 21 1 certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 🔽 and in my apinian the funeral directar deoth resulted from: Noturol couses IV Accident Suicide . Homicide Undetermined meaner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE 9 Oct 66 acting DEPUTY MEDICAL EXAMINER X Herbert H. Leighton, M.D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION (County) (State) 50 E Taylor-Sines Cemetery 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR ATSME (5 Oakland. aryland

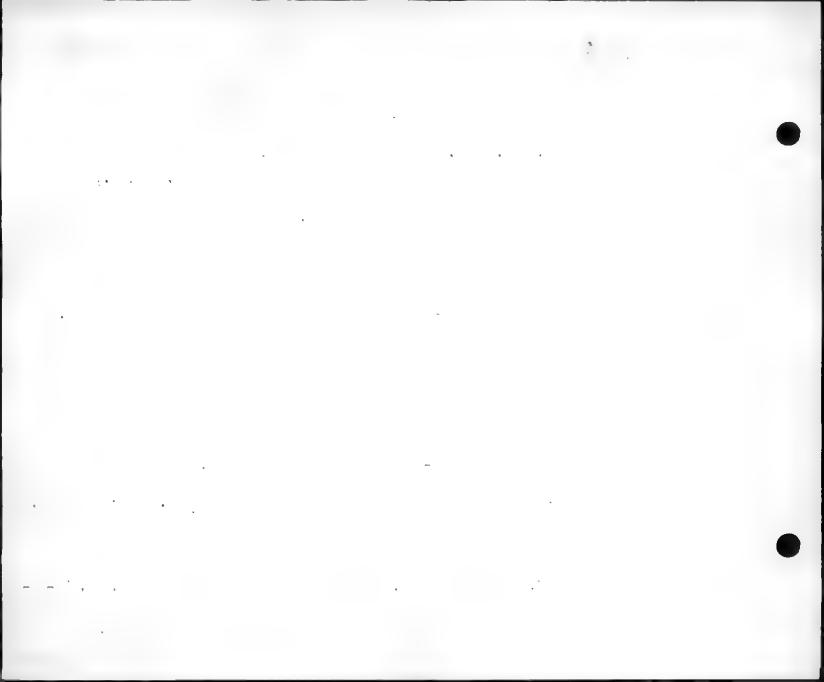


MARYLAND STATE DEPARTMENT OF HEALTH

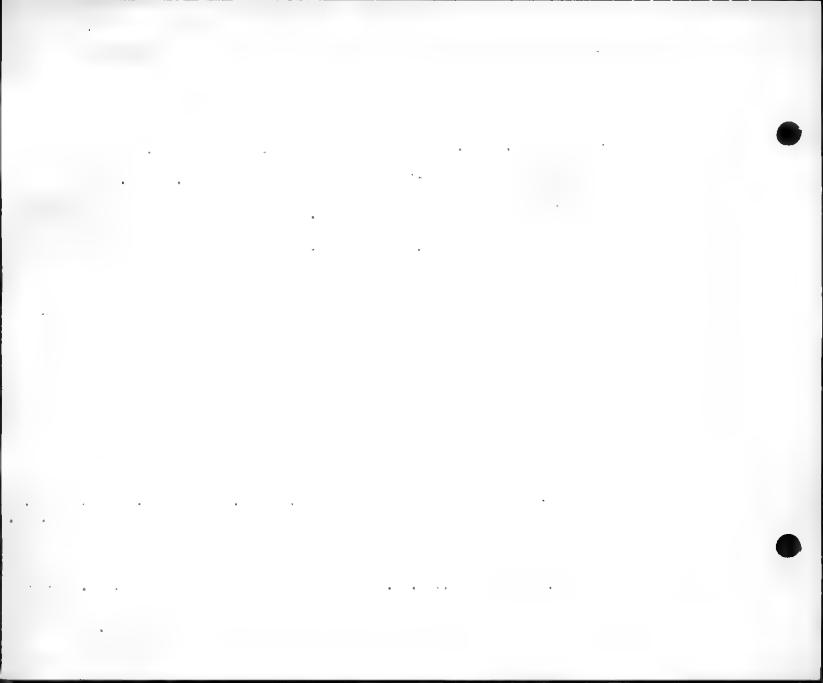


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6	1 (N	7		Division of STATISTIC			PARTMENT OF I W. PRESTON STR	IEALTH EEET, BALTIMORE, MARY	'LAND 21201
FOR	STATE_	5		11293	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	14203
HEALT <u> </u>	TH DEPT. 음 등로		1	PLACE OF DEATH O COUNTY Garrett		MARYLAND	II - STATE	(Where deceosed lived, if institution b. COU.	on Residence before admission)
ny delay is 2, and 3 to	Office along with farm PM3 Page and 2 w th the State Department of event w thin 72 hours after death.			o CITY OR TOWN (f outside corporate limits, write RURAL and pive negrest town)		NGTH OF STAY IN 1b	c CITY OR TOWN (If	outs de corparate limits, write RU	JRAL and give nearest tawn)
3 7	Depar S off	00		H NAME OF HOSPITAL OR INSTITUTION (if not in	n hospital, give str		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
th If	rate l	1/	_	OOA) Garrett Co. Mem.	Hosp.	M-ødle		Lombard St	YES NO X
r dea ive Pa	g with the St in 72			Type or print) Mickey	Lee	I	Rosier	of Oct. Mor	18th., 1966 ₁₉
rs afte 18. Gr	e along with farm 2 w th the State Depo at w thin 72 hours of		1	Male White	MARRIED	DIVORCED DIVORCED	Oct. 4,	1952 14 yrs	Months Doys Hours Min.
24 haurs in Item 1	-		10a d ur	USUA, OCC. PATION (Give kind of work done ng most of working life, even if retired)	IDD K ND OF INDUSTRY	OL OL	Marylan	d	12 CT ZEN OF WHAT COUNTRY? USA
with.n pencli	Examiner's Fre pages and a one		13	FATHER S NAME			14 MOTHER'S MAIDEN		
Pad ui	Exar Fr e		15.	Archie Rosier WAS DECEASED EVER IN U.S. ARMED FORCES? s no, ar unknown) [(If yes give wor ar dotes of se	J 16. SOCIAL	SECURITY NO. 17	INFORMANT	al Sigley Add	ress
ecute ing'	edical ermit aval			10		Du	da Funera	1 Home Balt:	
pe ex	arwarded ta the Chief Medical used as a burial-transit permit burial, cremation, or remaval,			1B. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line for (a), (b), and (g)) rushed ches	st		INTERVAL BETWEEN MI OVER ALL DEATH
ord brow	ta the Chiet II burial-transit matian, or re	V		8/6. / DUE TO					
e sha	ta th Buri			Conditions, if ony, which gove (b) rise to immediate couse (o).					1
ficate fing 1	rded as a al, cre			lost. (c)					
INER: This certificate shauld be executed with 24 haurs after death If a certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1	e farwar be used ta burra	O	CATION	PART II OTHER S GNIFICANT COND T ONS CONT		_		,	19 WAS ALTOPSY PERFORMED? YES NO 2
	shauld be files. 3 shauld b		L CERT F CATION	200 EXTERNAL CAUSE WAS PRIMARY™ or CONTR BUTING □ CAUSE OF DEATH	1			Port I or Port II of item 18) dent, U. S. Rt	. 50
関抗		¥	MEDICAL	20c TIME OF HUURY Month, Day, Yeor 7 Hour of 10-18-66 19	20d (NJURY) While of work	OCCURRED 20e PLA Not White 1 High	ACE OF INJURY (Home, for tory, street, office bidg , et Tway	(Rural) Mt.	(County) (State) Storm Grant W. V.
VI E)	for you OR: Page			21. I certify that I took charge of	of the remoins	described above, hi	eld on Autopsy 🔲	Inspection 🔼 , Inq	
Se e	ector ined RECT			death resulted from. Notural a	touses [,	Accident (4), Sui	cide, Homicid CHIEF MEDICA		nonner [_]
Y MEDT	reta reta ILDII			ACTUAL SIGNATURE	Janear.	Ja	M.D. ASS STANT MI	DICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary,	the funeral director, Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health ar its designated age)		EXAMINERY James H. Fea		., M. D.	DEPUTY MEDI Address (Stre	CA. EXAMINER To Oak	land, Md. 10-18-66
TO D	Fed Fed	R	230	BURTAL CREMATION, 23b DATE THERE PROPERTY 10/24/0		NAME OF CEMETERY OR	CREMATORY	23d LOCAT ON (City or To	own) (County) (State)
		B	24	FUNERAL DIRECTOR	0	ardens of	2So. REC		
	VR A15ME (5)		6	Gerald III. Mann	M. Oa	kland. Ma	rvlandoate	OCT 24 1966	Minter Judge-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution, Residence before admission · COUNTYGarrett b. COUNTY PM3 Page o. death. deloy 15 Maryland
c CTY OR TOWN (Floutside corporate limits, write RURA, and give necrest town) MARYLAND ate Department b CITY OR TOWN (If outside corporate 1 mits, write ROTAL orbitation bearest tawn) c LENGTH OF STAY IN 16 Minutes Baltimore d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)
DOA) Garrett Co. Mem. Hosp. e IS RES DENCE ON A FARM? d STREET ADDRESS re State Der 72 hours 8 Give Poges 1, olong with form 4314 E. Lombard St. This certificate should be executed within 24 hours ofter death. If NO.K 3. NAME OF 4. DATE First Middle 18th. DECEASED Opal the Marie Rosier 66 (Type or print) Within With S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED 35 rthdoy) Female White Mar. 26. DIVORCED WIDOWED any eve≡↑ 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, every if retired) Megt. COUNTRYSA W. Va. word "pending" in pencil i the Chief Medical Examiner 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME .⊆ Ray Sigley Bessie Wilmouth File and 5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service) removol, 35-48-2734 Baltimore, Md. no Duda Funeral Home INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c))
PART I. DEATH WAS CAUSED BY Fractured skull **buriol-transet** MI ONSEL AND DEATH 5 IMMEDIATE CAUSE (o) the certificate, writing the word 4 should be forworded to the Ch cremation, DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO stoting the underlying couse burial, i PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY CERTIFICATION PERFORMED? NO ogent, prior to 200. EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING 20b DESCR BE HOW NURY OCCURRED (Enternative of injury a Port Lor Port Lor Iden 18). Passenger in auto-tractor trailer accident 3 should CICAL EXAMINER: CAUSE OF DEATH 20c T ME OF MAURY Month, Doy, Year 20e PLACE OF INJURY (Home, form (City or town) Not While of work Highway, U. S. Rt. 50(rural) Mt. Storm. Grant. 10-18-6619 FUNERAL DIRECTOR: Poge at work Health or its designated 21. I certify that I taok charge of the remains described above, held an Autopsy and in nW opiNian Inspection X, Inaviry 🕇 Accident the funerol director. Natural causes death resulted fram: Suicide | Hamicide 🗍 Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland, Md. 10-18-66 NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION (County) 10/24/66 Gardens of Faith Baltimore. ore Md
25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24.4 FUNERAL DIRECTOR VR A15ME (5) Oakland, Maryland DATE OCT Milantes 6M 1/66



FOR STATE

	MARY	LAND STATE DI	EPARTMENT OF	HEALTH	
Division of STATIS	TICAL RESEARC	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
.205	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	14205
The same Co.			_		1 7 6 11 4

MEALIN DEPT. I	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission
> 음 년	a. COUNTY	a. STATE b. COUNTY
essary, r. Page files. Health	b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 1b	ivary and Baltimere c. CITY OR TOWN (If outside corporate Itm is, write RURAL and give neerest lown)
10 to 1	write RURAL end give necrest lown)	
d d d	Rural Frostburg	Baltimore
o o are	d. NAME OF HOSP(TAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM
- ca		9 Wells Avenue YES NO Z
7.5.E #	3. NAME OF First Middle	Last 14. DATE Month Day Year
de Sia	DECEASED	OF Cotaban 10 66
# # # # # # # # # # # # # # # # # # #		Simmons DEATH October 10 1966
##50年#	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
မှာမျှော်ရှိသည်။ Prage နှစ်	Male White WIDOWED DIVORCED	2/3/21 last birthday) Months Days Hours Min.
fer 2, a 5 o d 2		TRY 11 BIRTHPLACE [State or fore gn country] 12. CITIZEN OF WHAT COUNTRY
2 age	done during most of working life, even if retired)	
Se E	Plumber	Maryland U.S.A.
4 8 6 9 5 F	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
252 93	Henry Carl Simmons	Mamie DuVall
Fig. 19	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown), (Hypergive war or detector)	INFORMANT Address
d w the first section of the f		loyd W. Sirmons Baltimore, Md.
Wilder V	18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), and (c)]	INTERVAL BETWEEN
ong ong insiti	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Self Inflicted	Bullett wounds of skull ONSET AND DEATH
be e anci	DUE TO	THE STATE OF
min		on of frontals, teporals
short	gave rise to mmediate causa	ones Destruction Brinntissue
din din as		not by Jap 7.7 rifle
ifica imit sed		HOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,6) 19. WAS AUTOPSY
EXEC	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?
s coro	CAI	YES NO 🔀
d y Selection	20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. FRIMARY DE OF CONTRIBUTING CAUSE OF DEATH.	(Enter netura of injury in Pert I or Pert II of item 18.)
語表表記	CAUSE OF DEATH. Self inflicted i	njuries Jap 7.7 rifle
ting ting hief bur	20c, TIME OF INJURY Month, Day, Year , 20d, NIJRY OCCURRED , 20a, PI	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
May D & ot	Hour em. P. CO While Not While fe	ictory, street, office bldg., atc.)
X 9 4 % 2		Rural! Fostburg Garrett Ed.
P O O P	21. I certify that I took charge of the remains described above, t	reld an Autopsy $[]$, Inspection $[\underline{\chi}]$, Inquiry $[\underline{\chi}]$, and n my opinion
CAN Ged ded FCT	death resulted from: Natural causes . Accident . Su	icide 🔼. Homicide 🔲. Undetermined manner 🗌
S S P M B		CHIEF MEDICAL EXAMINER
a Dis	ACTUAL TO THE TOTAL TOTA	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EAL ignate	SIGNATURE	M.D
PUTY execution wild be forw NERAL D designated	examiner's E. I. Baumgarther, MdD.	DEPUTY MEDICAL EXAMINER 10/12/66
Se excould could CNE	228, BURIAL, CREMATION, 226. DATE THEREOF 228. NAME OF CEMETERY	Address (Street, city, town, or county) DR CREMATORY [22d. LOCATION (City, town, or country) (State)
O S S M =	REMOVAL (Spec'fy)	
O H H G	Burial 10/15/66 St. Lukes Cem	etery Cumberland, Md.
VS. AISME C.	23. FUNERAL DIRECTOR ADDRESS	
5M 9 60 1	Philip B. Wendt 121 Memorial Ave. Cumb.	Md. DATE OCT : 1866 Minutes Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 deathy hours after death, 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Garrett sician and completely filled in by the lease Temove carbon papers. Pages 1 and an event, within 72 hours after West Virginia Preston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b days-15= **Oakland** Aurora hra d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Garrett County Memorial Hospital NO _ YES L_ TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. NAME DF DECEASED First Middle Last DATE Month Day 4. Della DEATH 19 66 (Type or print) October Mande Sims 16 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH S. 7. MARRIED NEVER MARRIED October 17.1892 White Female DIVDRCED WIDDWED K 11 F10 30 AFF (Owther Eyte, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR attending physician rmit. Then please 7 during most of working life, even if retired) INDUSTRY COUNTRY? Aurora, West Virginia U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Lipscomb Etta Bolvard Thomas A 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes pive way or dates of service) 17. INFORMANT (Daughter) Address 16. SOCIAL SECURITY NO. DEMICTOR: After this certificate has been signed by the attencing 3 should be detached for use as the burial-transit permit. Indicate the State Dept. of Health prior to burial, cremation, or r Mrs. Geo. Winters - Aurora. W. Va. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: menustre IMMEDIATE CAUSE (a DUE TO Conditions. If any, which gave rise to immediate DUE TO (a), stating the underlying cause last, (c) WAS AUTOPSY FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? NO TO YES [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part | of Item 18.) CERT MEDICAL 120e, PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, officebldg., etc.) Hour a.m. Not While While at work at work p.m. 19 from 1963 to Cet 16, 1966, that (I) (we) last and that death occurred at 6:00%, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from 66 saw the deceased/alive on. 19 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR M.D. PHYS. TO MINIME 22d. ADDRESS PAYSICIAN'S director, p should be f NAME (Type) Dr. Ή. Oakland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) .19 Aurora West REGUSTRA VR A15 (4) 15M 4-64



VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14917

	4444						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)						
Garrett	•. STATE Maryland 5. COUNTY Garrett						
b. CITY OR TOWN (if oulside corporate filmits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL and give naerest town	· · · · · · · · · · · · · · · · · · ·						
RUTAL Deer Park 6months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Rural-Kitzmiller d. STREET ADDRESS a. 15 RESIDENCE						
44-	I ON A FARM?						
R.D. #1- (Eagle Rock)	Short Run Community YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF						
(Type of print) Cassie Victoria Sus	an Wilson DEATH Oct. 15 1966						
17 MORNIED 115 7 ER MORRIED 3	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.						
Female White WIDOWED DIVORCED J	uly 5, 1882 84 yrs. Months Deys Hours Min.						
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR							
done during most of working the, even if retired) Own Home	Garrett Co., Md. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James Hezekiah Wilson							
(Vec no. or unhaven) ((franchisavanas datas afrancias)	INFORMANT Address						
NO NONE M	rs. Ruth Uppermen, R#1, Deer Park, Md.						
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	(nasla						
, ,							
Conditions of any which a	Mallitin 1600cm						
Conditions, if eny, which gave rise to immediate couse	wants						
(a), stating the underlying DUE TO							
couse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
THE STATE OF THE S	YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208 ACCIDENT WAS UNDERLYING 206 CONTRIBUTING CAUSE OF DEATH 10 (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Pert II of tem 18.)						
OR CONTR BUTING [] CAUSE OF DEATH . U (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)						
Hour e.m. While Not While	ory, street, office bidg., etc.)						
p.m. 19 et work at work							
	, 19, 10, 19, 19, that (I) (we) last						
saw the deceased alive on	death occurred at 9. Appromitive causes and on the date stated above.						
22e. SIGNATURE	22b. DATE						
a E / hance	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR SIGNED						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (TYP)r. A.E. Mance	Oakland, Md. 21550						
236. BURIAL, CREMATION, 235. DATE THEREOF 236. NAME OF CEMETERY							
Bull'a (Pecity) Oct. 18/66 Short Run C	4 9 9 4 4 4 9						
A PARTIE AL DISCOURS CIGNIATING	THE DECID BY DECICEDAD THE DECICEDADIC SIGNATURE						
Braine, W. Va.							
Imy Mildred Traples O. Kitzmille	T, M.D. IDATE OCT 24 1966 Clearley Judge						
	11 // //						



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY **후** 2 년 MARYLAND GARRETI by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and nive nagrest town) 24 write RURAL and give nearest town! .57 12m11 filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO D carbon papers nt, within 72 h 3. NAME OF Middie 4. DATE Month DECEASED (Type or print) DEATH 1966 October 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdey) Months DIVORCED 1 WIDOWED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) Trucker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME *1 ohn Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give wer or detes of service) been signed by the 77070 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying the t cause lest. USB as PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO C R: After this c detached for it. of Health p 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from......... plnous .b......19.64., and that death occurred at .2....M, from the causes and on the date stated above. saw the deceased alive on... 22e. SKINATURE MED. director, page the filed with the HOSPITAL death. Page 4 O FUNERAL DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) 10 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

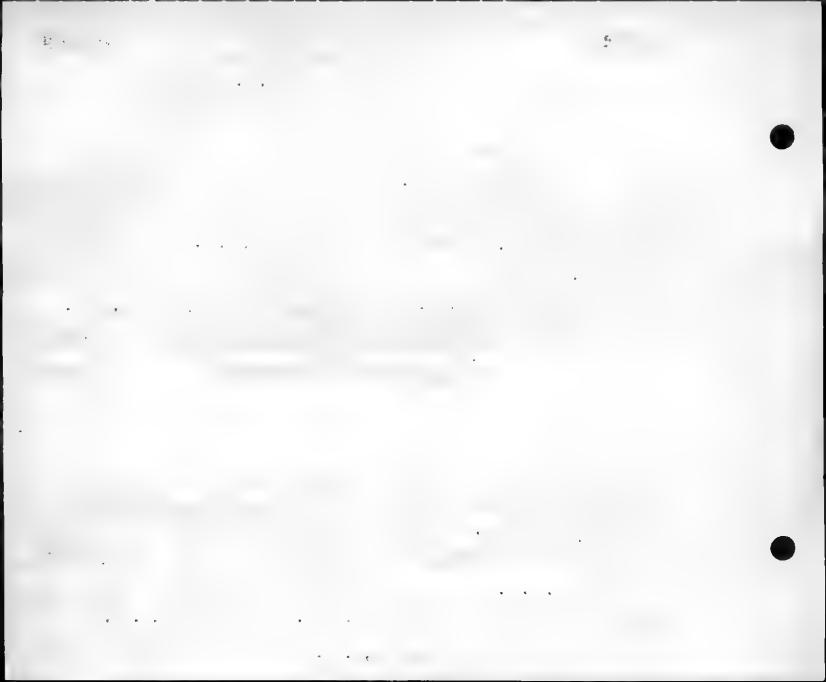
VR A1S (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funeral and 2 and 2 death. hours after death PLACE OF OEATH a. COUNTY 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Pages 1 urs after Garrett MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag Days Thomas Oakland momplitely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? has seem signed by the atterning physician and momp tely fill as the burial-transit permit. Then please remove carbon pay prior to burial, cremation, or removal, and in any event, within Box 205 NO X Garrett County Memorial Hospital NAME OF Middle DATE Month Year Last DECEASED OF DEATH 19 66 (Type or print) October Jackson Wotring 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED 9. 7. MARRIED X birthday) Months Days 189 Male White WIDOWED DIVORCED (10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? death certificate be Coal Location, W. Va. America Coal Miner Ret 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Nestor John C. Wotring 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 232-03-1399 Thomas . W. Va. CAUSE OF DEATH [Enter only one cause per ling for (a), (b) INTERVAL BETWEEN TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, GO FUNERAL DIRECTOR: After this certificat has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. Not While While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 6: 314 From the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE. ATTENDING M.D. PHYS. DIRECTOR PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) Oakland. Maryland Mance BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 10/8/66 Rose Hill Cem. Thomas, W. Va. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAD DIRECTOR ADDRESS Thomas. W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64

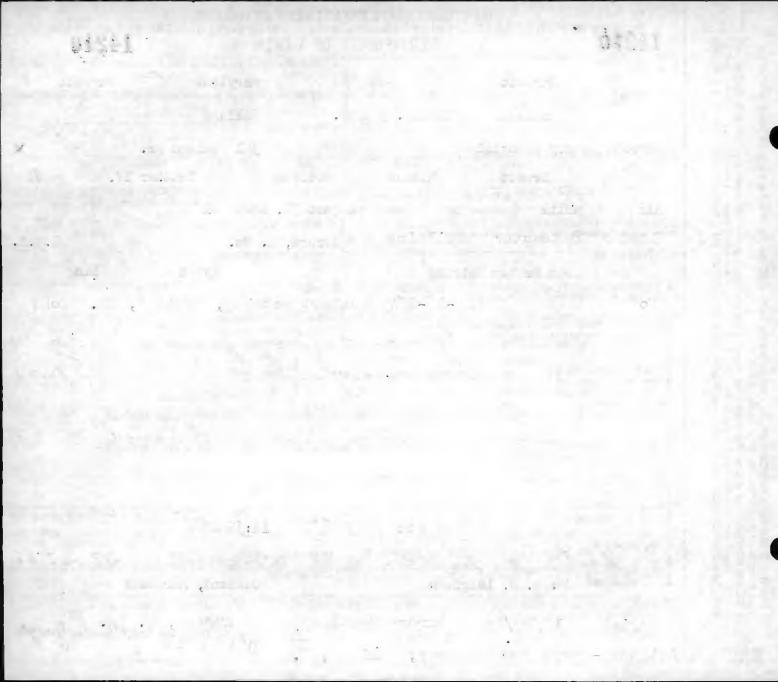


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1421U

a. COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Oakland 15 hrs. 5 min	• Oakland						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?						
Garrett County Memorial	301 Oakland Dr. YES NO X						
3. NAME DF First Middle DECEASED (Type or print) Ernest Sherman	Wotring DEATH October 27, 1966						
7. INMARIED NEVER IMPARTED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IFUNDER 24 HRS. Part Part						
	agust 31, 1003 of yrs.						
10a. USUAL OCCUPATION (Give kind of work done of the line was to working die even it tellred) building	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John Newton Wotring	Lydia King						
(Ves no established) ((Especialisation of delegation)	INFORMANT Address						
(Yes, no. or unknown) (If yes give war or dates of service) 214-16-2579 R	obert Wotring, Oakland, Md. (Son)						
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART 1. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)	- Jewere Januaries 3 montes						
5810 DUE TO P	l Al						
gave rise to immediate (b)	of Those years						
cause (a), stating the DUE TO							
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) . 119. WAS AUTOPSY						
The state of the s	PERFORMED? YES NO FE						
2Da. ACCIDENT WAS UNDERLYING 1 2007 DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of Injury in Part I or Part II of Item 18.)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY DECU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
1	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour e.m., while Not While p.m. 19 at work at work							
21. I certify that (I) (this hospital) attended the deceased from	March 1938 to Oct 2/, 1900, that (I) (we) last						
saw the deceased alive on 26 19 68, and that	t death occurred a 3 M, from the causes and on the date stated above.						
What the fighton M.C.	D. ATTENDING P MED. STAFF DIRECTOR PHYS. D 27 Oat 66						
22c. PHYSICIAN'S	22d, ADDRESS						
NAME (Type) Dr. H. H. Leighton	Oakland, Maryland						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Burial 10/29/66 Aurora Cem	etery Aurora, W. ya.						
24. FUNERAL DIRECTOR John O. Durst ADDRESS	Sural PECO BY REGISTRAR DESCRIPTION REGISTRARY BUANTURE						
Leighton-Durst Funeral Home, Oakla	nd, Md DATE						



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH	DEPT.		. PLACE OF DEATH				II 2. USU	AL RESIDENCE (V	Vhere deceased	lived, if institute	on: Residence	before admis-	sion1
5 0 S	p 4	i	o. COUNTY Ga	rrett		MARYLAN	a. 5	TATE -	yland	b. COUN	TÝ		,
deloy is and 3 to 13. Poge		ŀ	b. CITY OR TOWN	(If outside comprote limi	its,	c. LENGTH OF STAY IN T			imits write RUR	Garrett ite RURAL ond give neorest town)			
ond PM3.	Deportment of rs after deoth.	-1	write RURAL o	kland, Md.	L L	0 minutes			land		/	1/./	
- 64	aft	-		ITAL OR INSTITUTION (If n			d. STR	EET ADDRESS			//	e. IS RES	SIDENCE
IF s l,	ate De hours	5	Ga	rrett Co. M	em. Hos	oital		233	W. Li	berty	St.	ON A	FARM?
death. e Page with f	State 2 hou		. NAME OF		irst	Middle		Lost	4. DATE	Mont	h		Year
after death. If a 8. Give Pages 1, along with form	the St in 72		(Type or print)	Ge	orge	Harold	Yutz	y	OF DEATH O	ctober	2nd.	19	11
after 8. Giv along	with the		S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. A	GE (In years	IF UNDER 1	YEAR IF UND	ER 24 HR
18. e ald	2 ×		Male	White	WIDOWED [DIVORCED [6-1-0	9	14	ost, birthdoy)	Months [Doys Hours	Min.
hours Item 18 Office (and 2 event		Oa. USUAL OCCUPATION	N (Give kind of work done g life, even if retired)	10b. KIN	D OF BUSINESS OR	11. B	IRTHPLACE (Stote	or foreign count	ry)		ZEN OF WHAT	
24 in r's (Ľ	ACCOL	intant	B	ustry Usiness	Cı	rellin.	Md.		Cool	NTRY? JSA	
nin 2 ncil is	poges in ony		3. FATHER'S NAME				14. MC	OTHER'S MAIDEN N	IAME				
be executed within 24 "pending" in pencil in nief Medical Examiner's	and			orge Yutz	0			Maude	Sander				
P = 4			IS. WAS DECEASED EV (Yes, no, or unknown	ER IN U.S. ARMED FORCES?	of service)	OCIAL SECURITY NO.	17. INFORMA			Addres			
ing	it permit. removal,		no		23	5-22-4210	Mrs. (J. Haro	ld Yut	zy se	e # 2		
should be executed a word "pending" in the Chief Medica	.÷= ⊕		1B. CAUSE OF	DEATH (Enter only one co ATH WAS CAUSED BY:								INTERVAL BE	
d be	rons		-	IMMEDIATE CAUSE		eral vascul	ar hemo	orrhage,	massiv	8	-	South Tand	<u> </u>
ould wor	buriol-tronsit mation, or re		Conditions, if on		E TO							32	
the sh	bur		rise to immedia	te couse (o),	(b) Hyper	tansion						Years	
rate ig t	os o I, cre		stoting the und	erlying couse	(c)								
is certificate should te, writing the word forworded to the Ch	used os a burial-trons burial, cremation, ar		PART II OTHER	SIGNIFICANT CONDITIONS		DEATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE CON	DITION GIVEN IN	PART I(n)		19. WAS AU	TOPSY
e, w forw		0			Contribution 10	Deliver Medical	V 10 1110 12101		orren a	i i suci ifo)		PERFORI YES	MED?
The co	l be	0	20o. EXTERNAL		20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury in F	Port I or Port II	of item 18.)		1 10 [IIO M
1	should t t, prior												
AL EXAMINER: execute the cert or. Page 4 should	our riles. ige 3 sho agent, p	1	20c. TIME OF IN	JURY Month, Day, Yeor		URY OCCURRED 20		URY (Home, form		ity or town)	(Coun	ty)	(Stote)
AM e th	Your Page d age	1	Hour o	.m. 19	While of work	Not While of work	foctory, street	t, office bldg., etc.)					
Pag Pag	pe reformed for y RAL DIRECTOR: Po or its designated		21. I cerfi	that I took charg			re, held on A	utopsy .	Inspection	x, Inqu	iry 🖈 ,	ond in my	opinio
exe or.	170 g		/			, Accident	Suicide 🗍	, , , , ,		termined mo		,	
ME.CA please ey director.	IREC desi		ACTUAL	_	1)	_ /		CHIEF MEDICAL	EXAMINER [
Ple d	RAL DIRECTOR or its design		SIGNATURE	de edil	Ja. C.	- /1 -	- 4 M.D.		CAL EXAMINER	-		22. DATI	
O DEPUTY ME necessory, plea the funeral dire	moy be retoined for FUNERAL DIRECTOR: 9 solth or its designate.		EXAMENER'S			V		DEPUTY MEDICA	L EXAMINER	<u> </u>		10-2-	-66
DEC cess e fu	FUNE FUNE FUNE	1	(NAME (Type)	ames H. For	ster, J	23c NAME OF CEMETER	W OD COLUMN	Address (Street,	I 224 LOCATI	ON (City or Tow	nd, Mo		(Seet-1
0 品书	2 £	1	REMOVAL (Speci	238. DAIE IN	166 a				Onla	-			(Stote)
	0	-	24 FUNERAL DIRECT	OR	/ OO Gi	ADDRESS	Wem	250. RECO	BY REGISTRAR		Mary GISTRAR'S SIG		
VR .	A 15ME (5)		Here Of	M Minn	ich.	Oakland.	Marvl					Can Jug	Lee.

